

Results: When using WHO criteria 28.5% of the girls and 31.9% of the boys were overweight or obese ($p=0.004$). Breastfeeding and a breastfeeding period of more than six months conferred protection against obesity. A higher level of education attained by the mother or the father was correlated with a lower risk for obesity. A relationship between school type and BMI was also observed ($p=0.003$), with the highest percentage of obese children found in state schools.

Conclusions: These findings provide an opportunity to assess the size of the problem of overweight and obesity in the surveyed population. It identifies factors which contribute to obesity and the children who are most at risk. The study shows that an improvement in BMI could be brought about with some modifications in lifestyle. The promotion of a healthier lifestyle through the exposure of children to healthy food and more physical activity would contribute significantly to achieve an ideal BMI and a better quality.

B4

Utilisation of gp services in the private and public sector

D.Gauci, N.Calleja

Department Health Information and Research, Ministry for Social Policy, Malta

Aims:

- 1) To outline the overall rates of private and public GP consultation
- 2) To compare usage between the sectors
- 3) To outline any health inequalities within these two sectors

Methods: These results are taken from the Malta 2008 European Health Interview Survey which is a self-reported questionnaire conducted through face to face interviews. The survey was conducted between June and August 2008 on a random sample of 5,500 individuals. For sampling, a weighted stratified approach was used on a resident population register of individuals aged 15 years and over. The sample was stratified by 5 year age groups, gender and locality of address. A response rate of 72% was achieved. Logistic regression analysis was conducted to outline the relationship between socio-demographic variables and private and public GP consultation.

Results: 22.8% of the surveyed population reported consulting a private GP at least once in the 4 weeks prior to being interviewed. In contrast 8.9% of the population reported consulting a public GP at least once in the same time period. On average a person is 3 times more likely to consult a private GP. Though respondents overall reported being satisfied with all health care services, private GP services garnered the highest satisfaction rates with 97% reporting being satisfied. There are significant relationships between the use of a public GP and age and income. As income increases, the use of public services decreases while as age increases, the use of public GP services increases. The only significant relationship found within the private GP sector is with education. As the level of education increases the use of private GP services decreases.

Conclusions: There seems to be few health inequalities within the private GP sector as the results show that it seems accessible to all socio-economic levels within the community. However evidence suggests that the public GP sector may be contributing by canceling

out any possible inequalities within the private sector even if their variations are not highly significant. The importance of the private GP sector within the primary health care system is mirrored in the high satisfaction rate and usage rates resulting from this study.

B5

Mater Dei hospital survey on patient safety culture

R. Zammit

Department for Health Care Services Standards, Public Health Regulatory Division

Aims: Establishing the first local patient safety culture datum essential for benchmarking purposes in:

- a) tracking changes in patient safety culture over time
- b) evaluating impact of patient safety interventions
- c) comparative analysis of the culture of the local hospital organization

Methods: In May–June 2008, the Hospital Survey on Patient Safety Culture was carried out on a stratified representative sample of 400 staff at MDH. This survey instrument was developed by the Agency for Healthcare Research and Quality (USA). The face to face interview method was used.

Results: The following table illustrates the benchmarked results in the dimensions of culture pertaining to patient safety:

	Culture Composite	Database MDH	MDH Percentile
1	Teamwork Within Units	79%	75%
2	Managerial Actions	75%	72%
3	Management Support	70%	37%
4	Organisational Learning	70%	62%
5	Perception of Patient Safety	64%	53%
6	Feedback About Error	62%	46%
7	Communication Openness	62%	65%
8	Events Reported	60%	29%
9	Teamwork Across Units	57%	49%
10	Staffing	55%	35%
11	Handovers and Transitions	45%	44%
12	Non-Punitive Response	44%	39%

Conclusions: The main strengths identified in this survey are in Communication Openness, Handovers and Transitions, indicating these areas as a solid platform for further initiatives.

On the other hand amongst areas identified for improvement is in Frequency of Events Reporting. It is a patient safety composite with one of the lowest average percent positive response (29%). This is a cause for concern as patient safety problems may not be recognized or identified and therefore may not be addressed.